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Form PTO/SB/122  
(Modified)

**Change of Correspondence Address  
Application**

**2004**

|                 |  |                  |           |
|-----------------|--|------------------|-----------|
| Application No. | 10/632,943   | Attorney Docket  | ARC3274R1 |
| Filing Date     | 2003-07-31   | Customer No.     |           |
| Applicant       | Scott Gilbert  | Confirmation No. | 4967      |
| Examiner        |  | Art Unit         |           |
| Title           | Injection Device Providing Automatic Needle Retraction |                  |           |

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number:

OR

|   |  |       |  |     |  |
|---|--|-------|--|-----|--|
| <input type="checkbox"/> Firm/Individual Name |  |       |  |     |  |
| Address                                       |  |       |  |     |  |
| Address                                       |  |       |  |     |  |
| City  |  | State |  | Zip |  |
| Country                                       |  |       |  |     |  |
| Telephone                                     |  | Fax   |  |     |  |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number **42,254**.
- ☐ Registered practitioner named in the application transmittal letter in an application without an Executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                        |           |              |
|--------------|------------------------|-----------|--------------|
| Printed Name | Adenike A. Adewuya     |           |              |
| Signature    | <i>Adenike Adewuya</i> |           |              |
| Date         | <b>8/4/2004</b>        | Telephone | 281-477-3450 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.